



2015 FR-800SE Sales and Use Tax Special Event Return



File this retu	urn for ea	ach of the m	onths Oci	. 2014 - 3	sept 201	5.			I	5	8 (0	U	5 I	U	0 () 2			
Taxpayer Identification Number			Fill in:	Fill in: if FEIN											official use only Vendor ID # 0002					
Business name			Fill in:	Fill in: O if SSN						Due date										
Mailing address line 1							Tax period en				nding (MMYY) Fill in if Amended						led retu	ırn		
Mailing add	trace line 2							City					Sta	te 7	in Cod	e + 4				
Mailing address line 2									Oity				State Zip Code + 4							
Event name																				
Event nume																				
Column A — Des			Column	B — Taxab	le amount			Tax rat	ie	Coli	ımn C -	— Tax c	due – m	ultiply	columr	B by t	ax rate,	enter here		
1. Use Tax on Pu Taxable at 5.7		1B \$					X	(.0575		1C							Ш			
2. Gross Sales		2B \$																		
3. Sales Taxable at 5.7		3B \$					X	.0575		3C										
4. Sales and Puro of Off-Premise Taxable at 109	es Alcohol	1B \$					Х	(.10		4C										
5. Other Sales ar Purchases Tax at 10%		5B \$					X	(.10		5C										
6. Sales for Parki Taxable at 189		6B \$					X	.18		6C										
7. Reserved		7B \$		П			>	·		7C						T				
8. Sales and Puro Taxable at 14.		8B \$		П			Х	(.145		8C										
9. Reserved		9B \$					Х	·		9C	\$			Т						
							10	O. Enter 2% of sales rece discount	of 911 eipts less 3%	10C										
							13	1. Disposable Bag Fee (Net of disc		11C										
							12	2. Reserved		12C										
							13		5% per month dimum of 25%											
							14	4. Interest – 1	10% per year	14C										
							15	5. Total Am (Add Lines		15C	\$									
	V	Vill the funds	for this pay	ment con	ne from ai	n accou	nt outs				Vo _	See	Instruc	ctions.						
Under penaltie	es of law, I	declare that th	is return is o	correct, to	the best of	f my kno	wledge.	. Declaration	n of paid prei	parer is	based	on the	inform	nation a	availal	ole to t	he pres	oarer.		
PLEASE	,			,									nber of Person to Contact							
SIGN HERE	Taxpayer's						 Date													
	raxpayer's	aignature		litle				Date		December Toulder West Value (OTIN)										
PAID PREPARER	Prenarer's	signature (if oth	er than tayna	ver)				Date		Prepa	arer's Ta	ax Ideni	tification	fication Number (PTIN)						
ONLY	Preparer's signature (if other than taxpayer) Firm name and address							Date			Щ		Ш							

